REPORT 4 OF THE BOARD OF TRUSTEES (I-22)
Preserving Access to Reproductive Health Services
(Reference Committee on Amendments to Constitution and Bylaws)

EXECUTIVE SUMMARY

At the 2022 American Medical Association (AMA) Annual Meeting, our AMA House of Delegates adopted Policy D-5.999, "Preserving Access to Reproductive Health Services," which, among other things, instructs the AMA to review the AMA policy compendium and recommend policies to be amended or rescinded. This Board report, therefore, reviews AMA policy related to reproductive health, discusses policies for amendment or rescission, and provides recommendations.

In its review of the policy compendium, the Board identified three duplicative policies and recommends these policies be consolidated into one policy. The report also recommends modifying two policies related to physicians' personal views on abortion and clinical determinations about the viability of a fetus to conform with new policy adopted at the 2022 Annual Meeting. Finally, the report recommends modifying policy to remove a reference to *Roe v. Wade*.

REPORT OF THE BOARD OF TRUSTEES

B of T Report 4-I-22

Subject: Preserving Access to Reproductive Health Services

Presented by: Sandra Adamson Fryhofer, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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INTRODUCTION

At the 2022 American Medical Association (AMA) Annual Meeting (2022 Annual Meeting), our AMA House of Delegates adopted Policy D-5.999, "Preserving Access to Reproductive Health Services," which states:

That our AMA:

1. Recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right;
2. Opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion;
3. Will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, contraception, and abortion;
4. Supports shared decision-making between patients and their physicians regarding reproductive healthcare;
5. Opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients;
6. Opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services;
7. Will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services;
8. Will review the AMA policy compendium and recommend policies which should be amended or rescinded to reflect these core values, with report back at I-22.

This Board report, therefore, addresses paragraph 8 of the policy, reviews AMA policy related to reproductive health, discusses policies for amendment or rescission, and provides recommendations.

AMA POLICY

Our AMA has many policies addressing access to abortion and other reproductive health care services. These policies, including those adopted or amended during the 2022 Annual Meeting, are as follows:

Policy D-5.999, "Preserving Access to Reproductive Health Services"
Our AMA: (1) recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right; (2) opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion; (3) will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, contraception, and abortion; (4) supports shared decision-making between patients and their physicians regarding reproductive healthcare; (5) opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients; (6) opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services; (7) will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services; and (8) will review the AMA policy compendium and recommend policies which should be amended or rescinded to reflect these core values, with report back at I-22. (Res. 028, A-22)

Policy H-5.995, "Abortion"
Our AMA reaffirms that: (1) abortion is a medical procedure and should be performed only by a duly licensed physician and surgeon in conformance with standards of good medical practice and the Medical Practice Act of this state; and (2) no physician or other professional personnel shall be required to perform an act violative of good medical judgment. Neither physician, hospital, nor hospital personnel shall be required to perform any act violative of personally held moral principles. In these circumstances, good medical practice requires only that the physician or other professional withdraw from the case, so long as the withdrawal is consistent with good medical practice. (Sub. Res. 43, A-73; Reaffirmed: I-86; Reaffirmed: Sunset Report, I-96; Reaffirmed by Sub. Res. 208, I-96; Reaffirmed by BOT Rep. 26, A-97; Reaffirmed: CMS Rep. 1, I-00; Reaffirmed: CEJA Rep. 6, A-10; Reaffirmed: CEJA Rep. 01, A-20)

Policy H-5.993, "Right to Privacy in Termination of Pregnancy"
The AMA reaffirms existing policy that (1) abortion is a medical procedure and should be performed only by a duly licensed physician in conformance with standards of good medical practice and the laws of the state; and (2) no physician or other professional personnel shall be required to perform an act violative of good medical judgment or personally held moral principles. In these circumstances good medical practice requires only that the physician or other professional withdraw from the case so long as the withdrawal is consistent with good medical practice. The AMA further supports the position that the early termination of pregnancy is a medical matter between the patient and the physician, subject to the physician's clinical judgment, the patient's informed consent, and the availability of appropriate facilities. (Res. 49, I-89; Reaffirmed by Sub. Res. 208, I-96; Reaffirmed by BOT Rep. 26, A-97; Reaffirmed: Sub. Res. 206, A-04; Reaffirmed: CCB/CLRPD Rep. 2, A-14)

Policy H-5.983, "Pregnancy Termination"
The AMA adopted the position that pregnancy termination be performed only by appropriately trained physicians (MD or DO). (Res. 520, A-95; Reaffirmed: CSA Rep. 8, A-03; Modified: CSAPH Rep. 1, A-13)

Policy H-5.990, "Policy on Abortion"
The issue of support of or opposition to abortion is a matter for members of the AMA to decide individually, based on personal values or beliefs. The AMA will take no action which may be construed as an attempt to alter or influence the personal views of individual physicians regarding abortion procedures. (Res. 158, A-90; Reaffirmed by Sub. Res. 208, I-96; Reaffirmed by BOT Rep. 26, A-97; Reaffirmed: CSAPH Rep. 3, A-07; Reaffirmed: Res. 1, A-09; Reaffirmed: CEJA Rep. 03, A-19)

Policy H-5.988, "Accurate Reporting on AMA Abortion Policy"
Our AMA HOD cautions members of the Board of Trustees, Councils, employees and members of the House of Delegates to precisely state current AMA policy on abortion and related issues in an effort to minimize public misperception of AMA policy and urges that our AMA continue efforts to refute misstatements and misquotes by the media with reference to AMA abortion policy.
(Sub. Res. 21, A-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CEJA Rep. 8, A-11; Reaffirmed: CEJA Rep. 1, A-21)

Policy H-5.989, "Freedom of Communication Between Physicians and Patients"
It is the policy of the AMA: (1) to strongly condemn any interference by the government or other third parties that causes a physician to compromise his or her medical judgment as to what information or treatment is in the best interest of the patient;
(2) working with other organizations as appropriate, to vigorously pursue legislative relief from regulations or statutes that prevent physicians from freely discussing with or providing information to patients about medical care and procedures or which interfere with the physician-patient relationship;
(3) to communicate to HHS its continued opposition to any regulation that proposes restrictions on physician-patient communications; and
(4) to inform the American public as to the dangers inherent in regulations or statutes restricting communication between physicians and their patients.
(Sub. Res. 213, A-91; Reaffirmed: Sub. Res. 232, I-91; Reaffirmed by Rules & Credentials Cmt., A-96; Reaffirmed by Sub. Res. 133 and BOT Rep. 26, A-97; Reaffirmed by Sub. Res. 203 and 707, A-98; Reaffirmed: Res. 703, A-00; Reaffirmed in lieu of Res. 823, I-07; Reaffirmation I-09; Reaffirmation: I-12; Reaffirmed in lieu of Res. 5, I-13)

Policy H-100.948, "Supporting Access to Mifepristone (Mifeprex)"
Our AMA will support mifepristone availability for reproductive health indications, including via telemedicine, telehealth, and at retail pharmacies and continue efforts urging the Food and Drug Administration to lift the Risk Evaluation and Mitigation Strategy on mifepristone.
(Res. 504, A-18; Modified: Res. 27, A-22)

Policy H-140.835, "Political Interference in the Patient-Physician Relationship"
Our AMA opposes any policies that interfere with the patient-physician relationship by giving probate, inheritance, a social security number, or other legal rights to an undelivered pregnancy, or imposing legislative barriers to medical decision-making by changes in tax codes or in definitions of beneficiaries. (Alt. Res. 007, I-17)

PolicyH-5.998, "Public Funding of Abortion Services"
The AMA reaffirms its opposition to legislative proposals that utilize federal or state health care funding mechanisms to deny established and accepted medical care to any segment of the population. (Sub. Res. 89, I-83; Reaffirmed: CLRPD Rep. 1, I-93; Reaffirmed: BOT Rep. 12, A-05; Reaffirmed: CMS Rep. 1, A-15)

Policy H-425.969, "Support for Access to Preventive and Reproductive Health Services"
Our AMA supports access to preventive and reproductive health services for all patients and opposes legislative and regulatory actions that utilize federal or state health care funding mechanisms to deny established and accepted medical care to any segment of the population.
(Sub. Res. 224, I-15 Reaffirmation: I-17)

Policy H-185.937, "Reproductive Parity"
Our AMA supports legislation and policies that require any health insurance products offering maternity services to include all choices in the management of reproductive medical care.
(Res. 4, I-13)

Policy H-295.923, "Medical Training and Termination of Pregnancy"
1. Our AMA supports the education of medical students, residents and young physicians about the need for physicians who provide termination of pregnancy services, the medical and public health importance of access to safe termination of pregnancy, and the medical, ethical, legal and psychological principles associated with termination of pregnancy.
2. Our AMA supports the availability of abortion education and exposure to procedures for termination of pregnancy, including medication abortions, for medical students and resident/fellow physicians and opposes efforts to interfere with or restrict the availability of this education and training.
3. Our AMA encourages the Accreditation Council for Graduate Medical Education to consistently enforce compliance with the standardization of abortion training opportunities as per the requirements set forth by the Review Committee for Obstetrics and Gynecology and the American College of Obstetricians and Gynecologists' recommendations. (Res. 315, I-94; Reaffirmed: CME Rep. 2, A-04; Modified: CME Rep. 2, A-14; Modified: CME Rep. 1, A-15; Appended: Res. 957, I-17; Modified: Res. 309, I-21)

Policy H-5.980, "Oppose the Criminalization of Self-Induced Abortion"
Our AMA: (1) opposes the criminalization of self-managed abortion and the criminalization of patients who access abortions as it increases patients' medical risks and deters patients from seeking medically necessary services; and (2) will advocate against any legislative efforts to criminalize self-managed abortion and the criminalization of patients who access abortions; and (3) will oppose efforts to enforce criminal and civil penalties or other retaliatory efforts against these patients and requirements that physicians function as agents of law enforcement—gathering evidence for prosecution rather than as a provider of treatment. (Res. 007, A-18; Modified: Res. 27, A-22)

Policy H-420.954, "Truth and Transparency in Pregnancy Counseling Centers"
(1) It is AMA's position that any entity that represents itself as offering health-related services should uphold the standards of truthfulness, transparency, and confidentiality that govern health care professionals.
(2) Our AMA urges the development of effective oversight for entities offering pregnancy related health services and counseling.
(3) Our AMA advocates that any entity offering crisis pregnancy services

a. truthfully describes the services they offer or for which they refer—including prenatal care, family planning, termination, or adoption services—in communications on site and in their advertising, and before any services are provided to an individual patient; and
b. be transparent with respect to their funding and sponsorship relationships.
(4) Our AMA advocates that any entity licensed to provide medical or health services to pregnant women
a. ensure that care is provided by appropriately qualified, licensed personnel; and
b. abides by federal health information privacy laws.
(5) Our AMA urges that public funding only support programs that provide complete, non-directive, medically accurate, health information to support patients informed, voluntary decisions.
(Res. 7, I-11; Reaffirmed: CEJA Rep. 1, A-21; Modified: BOT Rep. 14, A-22)

Policy H-5.982, "Late-Term Pregnancy Termination Techniques"
(1) The term 'partial birth abortion' is not a medical term. The AMA will use the term "intact dilatation and extraction" (or intact D&X) to refer to a specific procedure comprised of the following elements: deliberate dilatation of the cervix, usually over a sequence of days; instrumental or manual conversion of the fetus to a footling breech; breech extraction of the body excepting the head; and partial evacuation of the intracranial contents of the fetus to effect vaginal delivery of a dead but otherwise intact fetus. This procedure is distinct from dilatation and evacuation (D&E) procedures more commonly used to induce abortion after the first trimester. Because 'partial birth abortion' is not a medical term it will not be used by the AMA.
(2) According to the scientific literature, there does not appear to be any identified situation in which intact D&X is the only appropriate procedure to induce abortion, and ethical concerns have been raised about intact D&X. The AMA recommends that the procedure not be used unless alternative procedures pose materially greater risk to the woman. The physician must, however, retain the discretion to make that judgment, acting within standards of good medical practice and in the best interest of the patient.
(3) The viability of the fetus and the time when viability is achieved may vary with each pregnancy. In the second trimester when viability may be in question, it is the physician who should determine the viability of a specific fetus, using the latest available diagnostic technology.
(4) In recognition of the constitutional principles regarding the right to an abortion articulated by the Supreme Court in *Roe v. Wade*, and in keeping with the science and values of medicine, the AMA recommends that abortions not be performed in the third trimester except in cases of serious fetal anomalies incompatible with life. Although third-trimester abortions can be performed to preserve the life or health of the mother, they are, in fact, generally not necessary for those purposes. Except in extraordinary circumstances, maternal health factors which demand termination of the pregnancy can be accommodated without sacrifice of the fetus, and the near certainty of the independent viability of the fetus argues for ending the pregnancy by appropriate delivery. (BOT Rep. 26, A-97; Modified and Reaffirmed: CSAPH Rep. 3, A-07; Reaffirmed: CSAPH Rep. 01, A-17)

Policy H-5.997, "Violence Against Medical Facilities and Health Care Practitioners and Their Families"
The AMA supports the right of access to medical care and opposes (1) violence and all acts of intimidation directed against physicians and other health care providers and their families and (2) violence directed against medical facilities, including abortion clinics and family planning centers, as an infringement of the individual's right of access to the services of such centers.
(Res. 82, I-84; Reaffirmed by CLRPD Rep. 3 - I-94; Res. 422, A-95; Reaffirmation I-99; Reaffirmed: CSAPH Rep. 1, A-09; Reaffirmed: CSAPH Rep. 01, A-19)

DISCUSSION

In its review of the policy compendium, the Board identified some duplicative policies. Policy H-5.993, "Right to Privacy in Termination of Pregnancy" and Policy H-5.995, "Abortion," each contain nearly identical language affirming: (1) that abortion is a medical procedure that should be performed in conformance with standards of good medical practice and the laws of the state; (2) that no physician or other professional personnel shall be required to perform an act violative of good medical judgment or personally held moral principles; and (3) that a physician or other professional who wishes to withdraw from a case must do so in conformance with good medical practice. Additionally, Policy H-5.983, "Pregnancy Termination," Policy H-5.993, "Right to Privacy in Termination of Pregnancy," and Policy H-5.995, "Abortion," each state that abortions should be performed only by physicians. Accordingly, the AMA Board of Trustees (the Board) recommends that these policies (Policy H-5.993, "Pregnancy Termination," Policy H-5.995, "Abortion," and Policy H-5.983, "Pregnancy Termination") be consolidated into one policy, Policy H-5.993, "Right to Privacy in Termination of Pregnancy," and that the remaining two policies be rescinded.

The Board also identified some policies that require updating or amendment for clarification purposes. Specifically, Policy H-5.993, "Right to Privacy in Termination of Pregnancy," states that physicians may withdraw from cases they view as violative of good medical judgment or personally held moral principles so long as withdrawal is consistent with good medical practice. The Board recommends that this policy also state that withdrawal due to personally held moral principles must be consistent with ethical obligations. *AMA Code of Medical Ethics* Opinion 1.1.7, "Physician Exercise of Conscience," states, among other things, that "physicians should refer a patient to another physician or institution to provide treatment the physician declines to offer."

Policy H-5.993, "Right to Privacy in Termination of Pregnancy," also states that the AMA supports the position that "the early termination of pregnancy is a medical matter between the patient and the physician […]." The Board notes that inclusion of the word "early" has created some confusion. Since Policy H-5.982, "Late-Term Pregnancy Termination Techniques," already addresses determinations of fetal viability and indications for abortion late in pregnancy, the Board recommends deletion of the word "early."

Policy H-5.993, "Right to Privacy in Termination of Pregnancy," also states that an abortion should only be performed by a physician. This policy was adopted when most abortions were surgical; however, by 2020, an estimated 54% of abortions were induced with prescription medication. The Board recommends this policy be amended to state that abortion is "the practice of medicine and requires the personal performance or supervision by an appropriately licensed physician." The amendment will enable the AMA to advocate for broad, equitable access to abortion care in accordance with Policy D-5.999, "Preserving Access to Reproductive Health Services," by building capacity within the physician-led healthcare teams that provide abortion care, while also advocating for continued physician supervision of non-physicians who prescribe medication for abortions.

Policy H-5.993, "Right to Privacy in Termination of Pregnancy," also states that abortion "is a medical matter between the patient and the physician, subject to the physician's clinical judgment, the patient's informed consent, and the availability of appropriate facilities." The Board recommends replacing "availability of appropriate facilities" with "ability to perform the procedure safely." Because over half of abortions are now induced with prescription medication, they do not necessarily require care in a facility. Conditioning AMA support of abortion care on "availability of appropriate facilities" may be used by some as justification for placing medically unnecessary facility requirements on abortion providers. By amending the policy to emphasize safety generally, the policy is less likely to be misconstrued.

In addition, Policy H-5.990, "Policy on Abortion," states that support of or opposition to abortion is a matter for members to decide individually. Since newly adopted policy at the 2022 Annual Meeting, Policy D-5.999, "Preserving Access to Reproductive Health Services," supports access to abortion as an organizational policy matter, the Board recommends that Policy H-5.990, "Policy on Abortion," be amended to clarify that the AMA believes members' *personal* views on abortion should be decided individually.

Additionally, Policy H-5.982, "Late-Term Pregnancy Termination Techniques," states that the determination of the viability of a fetus during the second trimester is to be made by a physician. Newly adopted policy at the 2022 Annual Meeting, Policy D-5.999, "Preserving Access to Reproductive Health Services," is broader. Specifically, this new policy protects clinical determinations and assessments regardless of the stage of pregnancy. The Board, therefore, recommends that Policy H-5.982, "Late-Term Pregnancy Termination Techniques," be amended to remove the reference to viability in the second trimester. Policy H-5.982 also includes a recognition of the constitutional principles articulated by the Supreme Court in *Roe v. Wade*. In light of the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, the Board recommends that Policy H-5.982 be further amended to reflect this legal activity.

Finally, with the completion of this report, the Board recommends that Policy D-5.999, "Preserving Access to Reproductive Health Services," be amended to remove the directive to review AMA policy, recommend policies for amendment or recission and report back at the 2022 Interim Meeting.

In addition to review of policy required by the new policy, the Board notes that Resolution 621-A-22, Establishing a Task Force to Preserve the Patient-Physician Relationship When Evidence-Based, Appropriate Care Is Banned or Restricted, instructs our AMA to convene a task force to respond to restrictions on and criminalization of abortion and other evidence-based care. Importantly, at the time of the writing of this report (August 2022), the AMA is in the process of developing the task force, with the task force expected to be formed by the time of the AMA 2022 Interim Meeting in November. It is critical to further note that activity—in both AMA Advocacy and AMA Office of General Counsel—to protect the patient-physician relationship is robust and ongoing. The following is a summary of relevant activity as of early August 2022 when this report was drafted.

Since the U.S. Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* which overturned *Roe v. Wade* and *Planned Parenthood v. Casey*, the AMA has been pursuing multiple strategies, at the state level, to address the broad spectrum of issues now facing physicians and patients. Shortly after the decision was issued, the AMA convened state medical associations to understand state-by-state dynamics and the concerns of physicians. The AMA has since held multiple meetings with state medical associations and national medical specialty societies to understand the challenges facing physicians and plan a coordinated strategy to protect access to care. The AMA Advocacy Resource Center is working closely with the Federation to protect patients and physicians from legislative intrusions into and criminalization of the practice of medicine. In many states, it is not clear how broadly abortion restrictions will be interpreted, and confusion remains about how restrictions impact medically necessary pregnancy terminations, prescribing of certain medications for reasons unrelated to pregnancy, and the provision of other types of care. The AMA is working with the Federation and other stakeholders to seek clarification from policymakers, as well as collecting information, producing resources, and conducting legislative analyses to help states navigate this new regulatory scheme.

One way AMA Advocacy staff is collecting much-needed clinical information for states across the country is by engaging expert physician members of the Board, Council on Legislation, and Council on Medical Service. AMA Advocacy staff is also engaging attorneys in the American Society of Medical Association Counsel to identify answers to legal questions raised in states across the country as legislation

and regulation is contemplated and introduced. The AMA Center for Health Equity is collaborating with the AMA Advocacy team, as well, working to identify impact on historically marginalized and minoritized communities and strategies related to health equity. Finally, at the 2022 AMA State Advocacy Roundtable, the AMA hosted an interactive discussion among Federation staff about the implications of the *Dobbs* decision and because of that discussion is working to create resources for the Federation. This activity is ongoing.

At the federal level, the AMA immediately called for greater digital privacy for patients out of concern that minimal oversight of data use by digital apps could place women in jeopardy in states seeking to enforce abortion restrictions. The AMA joined the American College of Obstetricians and Gynecologists (ACOG) in calling for the U.S. Food and Drug Administration to remove or modify the Risk Evaluation and Mitigation Strategies (REMS) and Elements to Assure Safe Use (ETASU) requirements for mifepristone. The Biden Administration also reminded hospitals and health care providers of their obligation to comply with the provisions of the Emergency Medical Treatment and Labor Act (EMTALA) that preempt any state laws that restrict access to stabilizing medical treatment, including abortion procedures and other treatments that may result in the termination of a pregnancy, and reminded pharmacies of their obligations related to prescription medications for reproductive health under federal civil rights laws.

Finally, in the courts, the AMA has joined ACOG and the Society for Maternal-Fetal Medicine in amicus briefs around the country seeking to protect access to reproductive care and combat intrusion on the physician-patient relationship. As of early August, amicus briefs have been filed in Georgia, Kentucky, Ohio, South Carolina, Utah, and West Virginia. Additional filings are expected in coming months. These briefs have supported challenges to a range of harmful laws, including bans from the 1800s, trigger laws intended to ban all abortion following the reversal of *Roe v. Wade*, and criminal penalties that potentially include felony charges for physicians. In addition, the AMA has worked to support federal guidance and litigation around access to care in the courts through its amicus efforts. The AMA will continue to work with the Federation and external stakeholders in the courts and at the state and federal levels to protect the physician-patient relationship and access to reproductive care.

RECOMMENDATIONS

The Board recommends that the following recommendations be adopted and that the remainder of the report be filed.

1. That Policy H-5.993, "Right to Privacy in Termination of Pregnancy" be amended by addition and deletion as follows:

   The AMA reaffirms existing policy that (1) abortion is the practice of medicine and requires the personal performance or supervision by an appropriately licensed physician ~~a medical procedure and should be performed only by a duly licensed physician~~ in conformance with standards of good medical practice and the laws of the state; ~~and~~ (2) no physician or other professional personnel shall be required to perform an act violative of good medical judgment or personally held moral principles. In these circumstances ~~good medical practice requires only that the~~ a physician or other professional may withdraw from the case so long as the withdrawal is consistent with good medical practice and ethical guidance on the exercise of conscience;~~.~~ (3) ~~T~~the AMA further supports the position that the ~~early~~ termination of pregnancy is a medical matter between the patient and the physician, subject to the physician's clinical judgment, the patient's informed consent, and the ability to perform the procedure safely ~~availability of appropriate facilities~~. (Modify Current HOD Policy)

2. That Policies H-5.995, "Abortion," and Policy H-5.983, "Pregnancy Termination," be rescinded. (Rescind HOD Policy)

3. That Policy H-5.990, "Policy on Abortion," be amended by addition as follows:

   The issue of personal support of or opposition to abortion is a matter for members of the AMA to decide individually, based on personal values or beliefs. The AMA will take no action which may be construed as an attempt to alter or influence the personal views of individual physicians regarding abortion procedures. (Modify HOD Policy)

4. That Policy H-5.982, "Late-Term Pregnancy Termination Techniques," be amended by addition and deletion as follows:

   (1) The term "partial birth abortion" is not a medical term. The AMA will use the term "intact dilatation and extraction" (or intact D&X) to refer to a specific procedure comprised of the following elements: deliberate dilatation of the cervix, usually over a sequence of days; instrumental or manual conversion of the fetus to a footling breech; breech extraction of the body excepting the head; and partial evacuation of the intracranial contents of the fetus to effect vaginal delivery of a dead but otherwise intact fetus. This procedure is distinct from dilatation and evacuation (D&E) procedures more commonly used to induce abortion after the first trimester. Because 'partial birth abortion' is not a medical term it will not be used by the AMA. (2) According to the scientific literature, there does not appear to be any identified situation in which intact D&X is the only appropriate procedure to induce abortion, and ethical concerns have been raised about intact D&X. The AMA recommends that the procedure not be used unless alternative procedures pose materially greater risk to the woman. The physician must, however, retain the discretion to make that judgment, acting within standards of good medical practice and in the best interest of the patient. (3) The viability of the fetus and the time when viability is achieved may vary with each pregnancy. ~~In the second trimester w~~When viability may be in question, it is the physician who should determine the viability of a specific fetus, using the latest available diagnostic technology. (4) ~~In recognition of the constitutional principles regarding the right to an abortion articulated by the Supreme Court in Roe v. Wade, and~~ In keeping with the science and values of medicine, the AMA recommends that abortions not be performed in the third trimester except in cases of serious fetal anomalies incompatible with life. Although third-trimester abortions can be performed to preserve the life or health of the mother, they are, in fact, generally not necessary for those purposes. Except in extraordinary circumstances, maternal health factors which demand termination of the pregnancy can be accommodated without sacrifice of the fetus, and the near certainty of the independent viability of the fetus argues for ending the pregnancy by appropriate delivery. (Modify Current HOD Policy)

5. Policy D-5.999, "Preserving Access to Reproductive Health Services," be amended by deletion as follows:

   Our AMA: (1) recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right; (2) opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion; (3) will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, contraception, and abortion; (4) supports shared decision-making between patients and their physicians regarding reproductive healthcare; (5) opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their

patients; (6) opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services; (7) will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services~~; and (8) will review the AMA policy compendium and recommend policies which should be amended or rescinded to reflect these core values, with report back at the 2022 Interim Meeting~~. (Modify Current HOD Policy)

Fiscal Note: Less than $500.